

PRINTED: 03/06/2014
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
NAME OF PROVIDER OR SUPPLIER ERWIN HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 100 STALLING LANE ERWIN, TN 37650		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
N 901	<p>1200-8-6-.09(1) Life Safety</p> <p>(1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.</p> <p>This Rule is not met as evidenced by: Based on observation and record review, it was determined that the facility failed to maintain the automatic sprinkler system and its components.</p> <p>The findings include:</p> <p>Record review on March 3 and 4 between 10:00 a.m. revealed the following locations have dry sprinklers that have been in service for 10 years and have not been replaced or have had a representative sample tested. These dry sprinklers are in the following locations:</p> <ol style="list-style-type: none"> 1. 15 sprinkler heads in the kitchen. 2. 1 sprinkler head in the kitchen cooler. 3. 1 sprinkler head in the kitchen freezer. 4. 4 sprinkler heads in room 101. 5. 3 sprinkler heads in room 124. 6. 3 sprinkler heads in room 123. <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on March 4 2014.</p>	N 901	<p>The dry sprinkler heads in service in the kitchen, kitchen cooler, kitchen freezer, Rms 101, Rms 124, and Rms 123 will be replaced</p> <p>The Administrator verified the Correction and the existing NFPA101 Life Safety Code was met.</p>	4/18/2014

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

DD5521

3/19/14
If continuation sheet 1 of 1